

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saint Louis  
Township Carondelet  
City Jefferson Barracks

Registration District No. 1123  
Primary Registration District No. 6248B  
(No. V. A. F.)

File No. 35351  
Registered No. 414  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ollie WILSON

(a) Residence, No. 144 North Oak Street St. \_\_\_\_\_ Ward. DuQuoin, Illinois.  
(Usual place of abode) Unkn. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married (sepr.)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mrs. Florence Wilson</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 1, 1883</u>		
7. AGE <u>54</u>	YEARS <u>2</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>--</u>
10. Date deceased last worked at this occupation (month and year) <u>--</u>		11. Total time (years) spent in this occupation <u>--</u>

12. BIRTHPLACE (CITY OR TOWN) Saint Johns  
(STATE OR COUNTRY) Illinois

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk  
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DuQuoin Ill DATE 10-15 1937

19. UNDERTAKER K. H. Schroeder  
(ADDRESS) DuQuoin Illinois

20. FILED Oct. 14 1937 24 Mowery  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12 1937

22. I HEREBY CERTIFY, That I attended deceased from September 29 1937, to October 12 1937.

I last saw him alive on October 12 1937 Death is said to have occurred on the date stated above, at 11:20 A. PM

The principal cause of death and related causes of importance were as follows:

Stricture, xx urethral, severe, complicated by abscess, peri-urethral, large, with extravasation of urine.

Other contributory causes of importance:

Anemia, symptomatic, severe.

Pneumonia, bronchial.

Name of operation No Date of NO  
Phys. clinical manif. and laboratory NO  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify bulbourethral

(Signed) C. W. HUGHES, Chief Med. Off. M. D.

(Address) VAF Jefferson Barracks, Mo.

*(The page contains faint, illegible markings and noise.)*